PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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PRINCE PRIVATE PRIVA	Effective on 12/08/2004.	Complete if Known										
Search S	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number										
Search S	FEE TRANSMITTAL	Filing Date	January 16, 20)04								
Application Type	Į.											
METHOD OF PAYMENT (check all that apply)	701112000	Examiner Name	Examiner Name T. Boes									
Check	x Applicant claims small entity status. See 37 CFR 1.27	Art Unit	3682									
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Name	TOTAL AMOUNT OF PAYMENT (\$) 1,020.00	Attorney Docket No. 21029-00270-US										
Total Claims Extra Claims Extr	METHOD OF PAYMENT (check all that apply)											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below	Check Credit Card Money Order None Other (please identify):											
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee X Charge any additional fee(s) or underpayments of X Credit any overpayments	x Deposit Account Deposit Account Number: 22-0185	Deposit Account Na	_{me:} Connolly Bov	e Lodge & Hutz LLP								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments Credit X Credit Credit X Credit C	For the above-identified deposit account, the Director	is hereby authorized to: (ch	eck all that apply)									
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Search S	Charge any additional fee(s) or underpayments fee(s) under 37 CFR 1.16 and 1.17	of x Credit any over	payments									
Application Type	FEE CALCULATION											
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Design												
Design 210 105 100 50 130 65				Fees Paid (\$)								
Plant	Utility 310 155 516	255 210	105									
Reissue 310 155 510 255 620 310	Design 210 105 106	50 130	65									
Provisional 210 105 0 0 0 0 0	Plant 210 105 316	155 160	80									
2. EXCESS CLAIM FEES Each claim over 20 (including Reissues) Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Barra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Barra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Barra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Barra Claims Fee (\$) Fee Paid (\$) Barra Claims Fee (\$) Fee Paid (\$)	Reissue 310 155 516	255 620	310									
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Signature / Burton A Americk / Registration No. 24 852 Telephone (202) 331-7111	1504 Publication fee	for early, voluntary, or n	ormal									
Signature / Burton A Americk / Registration No. 24 852 Telephone (202) 331.7111	SUBMITTED BY											
I MIGHIENAGIN I ' '			2 Telephone	(202) 331-7111								
Name (Print/Type) Burton A. Amernick Date December 7, 2007	Name (Print/Type) Burton A. Amernick	Date	December 7, 2007									

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FEE TRANSMITTAL				•		lanuary 16, 2004					
For FY 2008				First Named Inventor		De Bast					
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X Applicant claims small entity status. See 37 CFR 1.27				74t Glik			10				
TOTAL AMOUNT OF PAYMENT (\$) 1,020.00				Attorney Docket No. 21029-00270-US							
METHOD OF	METHOD OF PAYMENT (check all that apply)										
Check	Check Credit Card Money Order None Other (please identify):										
x Deposit Acc	ount Deposit Account	Number: 22-01	85	Deposit A	ccount Name:	Connolly Bov	e Lodge & Hut	<u>tz LLP</u>			
For the a	bove-identified depo	sit account, the Direc	ctor is t	nereby authorize	d to: (check	k all that apply)		į.			
x Ch	arge fee(s) indicated	l below		Charge	e fee(s) indi	icated below, e	xcept for the fil	ing fee			
	arge any additional ((s) under 37 CFR 1.	ee(s) or underpayme	ents of	x Credit	any overpa	yments					
FEE CALCUL	``	<u>.</u>									
1. BASIC FILING	S, SEARCH, AND E	XAMINATION FEES									
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Application Ty	pe Fee (\$	Small Entity) Fee (\$) F	ee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid	(\$)			
Utility	310	155	510	255	210	105		_			
Design	210	105	100	50	130	65					
Plant	210	105	310	155	160	80					
Reissue	310	155	510	255	620	310					
Provisional	210	105	0	0	0	0					
2. EXCESS CLA	IM FEES							II Entity			
Fee Description								ee (\$)			
	20 (including Reiss						50	25			
Multiple depender	nt claim over 3 (incl	uding Reissues)					210 370	105 185			
		Fac (\$)	Fee Pa	sid (¢)	84	Itinla Dananda		165			
Total Claims 10	Extra Claims 20 =	<u>Fee (\$)</u> x =	ree Pa	iid (\$)	*****		ndent Claims Fee Paid (\$)				
	per of total claims paid for				1 66	<u>. 141</u>	<u> </u>				
Indep. Claims	Extra Claims	Fee (\$)	Fee Pa	aid (\$)							
3	- 3 =	x =									
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Non-English	Specification, \$13	0 fee (no small entity	y disco	unt)			720.00	0			
Other (e.g., la	ate filing surcharge)	2511 Reissue iss 1504 Publication	sue ree fee fo	e r early, volunta	arv. or nori	mal	720.00 300.00				
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SUBMITTED BY	/ Burton A. Amer	nick /		Registration No.	24,852	Telephone	(202) 331-71	111			
Signature				Attorney/Agent)	24,002		·				
Name (Print/Type)	Burton A. Amern	CK				Date	December 7, 2	2007			